

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/914153

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2		1					52		
3		1					53		
4		31					54		
5		101					55		
6							66		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	4						TOTAL DEP.		
TOTAL CLAIMS	5						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS